

# Acknowledgement of Receipt of Notice of Privacy Practices

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## Prairie Fields Dentistry

Dr. Luke Wolniak D.D.S.

16072 Metcalf Avenue \* Overland Park, KS 66085

**\*\*You May Refuse to Sign This Acknowledgment\*\***

I \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
{Please Print Name}

\_\_\_\_\_  
{Signature}

\_\_\_\_\_  
{Date}

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### For Office Use Only

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We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
  - Communication barriers prohibited obtaining the acknowledgment
  - An emergency situation prevented us from obtaining acknowledgment
  - Other (Please Specify)
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